

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0051036

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

131425

FILED JAN 16 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION ST. LOUIS CITY HOSP. #1Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MD.

b. COUNTY

admission)

c. CITY
OR
TOWN ST. LOUIS, MOInside Limits
Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

1404 O LIVE

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

EDWARD

Middle

MUELLER

Last

4. DATE
OF
DEATH

Month

DEC.

Day

24

Year

1963

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/24/03

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

???

11. BIRTHPLACE (City and state or country)

MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

HENRY

13b. MOTHER'S MAIDEN NAME

LOUISE MEYER

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
ST. LOUIS CITY HOSPITAL #1.18. CAUSE OF DEATH (Enter only one cause
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pancreatitis

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Chronic alcoholism

Years.

DUE TO (c)

322.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-21-63 to 12-24-63 and last saw her
him alive on 12-24-63
Death occurred at 12:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. W. Smith, M.D.

22b. ADDRESS

1515 LAFAYETTE AVE

22c. DATE SIGNED

12-24-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-31-63

23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

MO. ANATOMICAL BOARD, 1402 S. GRAND
Collier's Fun. Home, 10123 St. Charles Rd.

25. DATE RECD. BY LOCAL REG.

JAN 9 1964

26. REGISTRAR'S SIGNATURE

Rosal Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

SMITH

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DATE AMENDED

INSTEAD OF

ITEM NO.

3-24-64

3-24-64

Collier's Fun. Home

24

3-24-64

3-24-64

Friedens Cemetery

23c

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Funeral Home

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.